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24737 7590 04/16/2007				Certificate of Mailing or Transmission		
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			Γ	•		(Depositor's name)
						(Signature)
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APPLICATION NO.	FILING DATE		FIRST NAMED INVENTO	R	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/456,689 12/09/1999 TITLE OF INVENTION: METHOD AND APPARATUS FOR REVOCA		MICHAEL S. PASIEK		PHA23871	6774	
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUI	-	E FEE TOTAL FEE(S) DU	E DATE DUE
nonprovisional	NO	\$1400	\$0	\$0	\$1400	07/16/2007
EXAMINER		ART UNIT	CLASS-SUBCLASS			
PARTHASARATHY, PRAMILA		2136	713-158000			
 Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. 			2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.			
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) Koninklijke Philips Electronics N.V. Eindhoven, The Netherlands						
Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government						
			bb. Payment of Fcc(s): (Please first reapply any previously paid issue fee shown above) A check is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 14-1270 (enclose an extra copy of this form).			
5. Change in Entity Stat	tus (from status indicated s SMALL ENTITY statu		☐ b. Applicant is no lo	nger claiming SMA	LL ENTITY status. See 37 C	CFR 1.27(g)(2).
NOTE: The Issue Fee and interest as shown by the r	d Publication Fee (if requeecords of the United Sta	uired) will not be accepted tes Patent and Trademark	d from anyone other than		istered attorney or agent; or t	
Authorized Signature /Eric Bram/			Date			
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This collection of informan application. Confident submitting the completed this form and/or suggesti Box 1450, Alexandria, V Alexandria, Virginia 223	ation is required by 37 C iality is governed by 35 application form to the ons for reducing this buringinia 22313-1450. DC 13-1450.	FR 1.311. The informatic U.S.C. 122 and 37 CFR USPTO. Time will vary rden, should be sent to the O NOT SEND FEES OR (COMPLETED FORMS	IO THIS ADDRES	the public which is to file (arminutes to complete, includionments on the amount of the Trademark Office, U.S. Dep. S. SEND TO: Commissioner displays a valid OMB control	•